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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

AUS 920010079 USI

| (Column 1) (Column 2)                                                                                                                                                                                                                                                                     |                |                                           |                             |                              |                      |                  |              | SMALL ENTITY TYPE  |                        | <b>^</b>            | OR SMALL ENTITY     |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|-----------------------------|------------------------------|----------------------|------------------|--------------|--------------------|------------------------|---------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                              |                |                                           |                             |                              | (Coldinit 2)         |                  | ľ            |                    |                        | OR<br>1 I           |                     |                        |
|                                                                                                                                                                                                                                                                                           |                |                                           | 21                          |                              |                      |                  |              | RATE               | FEE                    |                     | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                       |                |                                           | NUMBER FILED                |                              | NUMB                 | NUMBER EXTRA     |              | BASIC FEE          | 355.00                 | OR                  | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                   |                |                                           | <i>⊋</i> / minus 20=        |                              | • /                  |                  |              | X\$ 9=             |                        | OR                  | X\$18=              | 18                     |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                        |                |                                           | 6 minus 3 =                 |                              | 3                    |                  |              | X40=               |                        | OR                  | X80=                | 7/10                   |
| MU                                                                                                                                                                                                                                                                                        | ILTIPLE DEPEN  | IDENT CLAIM P                             | RESENT                      |                              |                      |                  |              | +135=              |                        | OR                  | +270=               |                        |
| * If                                                                                                                                                                                                                                                                                      | the difference | in column 1 is                            | less than zero, enter "0" i |                              |                      | column 2         | 1            | TOTAL              |                        | OR                  | TOTAL               | 968                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                               |                |                                           |                             |                              |                      |                  |              |                    | •                      | •                   | OTHER               | -                      |
|                                                                                                                                                                                                                                                                                           |                | (Column 1)                                |                             |                              |                      | (Column 3)       | SMALL ENTITY |                    |                        | OR                  | SMALL               | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                               |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUM<br>PREVI<br>PAID | IBER<br>OUSLY        | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                           | Total          | *                                         | Minus                       | **                           |                      | =                |              | X\$ 9=             |                        | OR                  | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                           | Independent    | NTATION OF M                              | Minus                       | ***                          | T CL AINA            | =                |              | X40=               |                        | OR                  | X80=                |                        |
| <u> </u>                                                                                                                                                                                                                                                                                  | FIRST PRESE    | INTATION OF MI                            | JLIIPLE DEI                 | PENDEN                       | CLAIM                |                  | } [          | +135=              | -                      | OR                  | +270=               |                        |
|                                                                                                                                                                                                                                                                                           |                |                                           |                             |                              |                      |                  | L            | TOTAL              |                        | OR                  | TOTAL               |                        |
|                                                                                                                                                                                                                                                                                           |                | (Column 1)                                |                             | (Colu                        | mn 2)                | (Column 3)       | P            | ADDIT. FEE         |                        |                     | ADDIT. FEE          |                        |
|                                                                                                                                                                                                                                                                                           |                | CLAIMS                                    |                             | HIGH                         | IEST                 |                  | 1 г          |                    | ADDI-                  |                     |                     | ADDI-                  |
| AMENDMENT B                                                                                                                                                                                                                                                                               |                | REMAINING<br>AFTER<br>AMENDMENT           |                             | PREVI                        | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |              | RATE               | TIONAL<br>FEE          |                     | RATE                | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                                           | Total          | *                                         | Minus                       | **                           |                      | =                |              | X\$ 9=             |                        | OR                  | X\$18=              | :                      |
|                                                                                                                                                                                                                                                                                           | Independent    | *                                         | Minus                       | ***                          |                      | =                |              | X40=               |                        | OR                  | X80=                |                        |
| L                                                                                                                                                                                                                                                                                         | FIRST PRESE    | NTATION OF MU                             | JLTIPLE DEF                 | PENDENT                      | CLÁIM                |                  | <b>!</b>     |                    |                        | 011                 |                     |                        |
|                                                                                                                                                                                                                                                                                           |                |                                           |                             |                              |                      |                  | L            | +135=              |                        | OR                  | +270=               |                        |
|                                                                                                                                                                                                                                                                                           |                |                                           |                             |                              |                      |                  | A            | TOTAL<br>DDIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                           |                | (Column 1)                                |                             | (Colu                        |                      | (Column 3)       | -            |                    |                        |                     |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                               |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUM<br>PREVIO        | BER                  | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL        |                     | RATE                | ADDI-<br>TIONAL        |
|                                                                                                                                                                                                                                                                                           | Total          | *                                         | Minus                       | **                           | 1011                 | =                | 1            | X\$ 9=             | FEE                    | 0.0                 | X\$18=              | FEE                    |
|                                                                                                                                                                                                                                                                                           | Independent    | •                                         | Minus                       | ***                          |                      | =                | 1  -         |                    |                        | OR                  |                     | <u> </u>               |
| A                                                                                                                                                                                                                                                                                         | FIRST PRESE    | NTATION OF M                              | JLTIPLE DEI                 | PENDEN.                      | T CLAIM              |                  |              | X40=               | _                      | OR                  | X80=                |                        |
|                                                                                                                                                                                                                                                                                           |                |                                           |                             |                              |                      |                  | <b>'</b>     | +135=              |                        | OR                  | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR  ADDIT. FEE |                |                                           |                             |                              |                      |                  |              |                    |                        | TOTAL<br>ADDIT. FEE |                     |                        |
|                                                                                                                                                                                                                                                                                           |                | nhar Praviously Pai                       |                             |                              |                      |                  | ar four      | nd in the ann      | ronriata hov           | r in coi            | lumn 1              |                        |